

\$250 a month or resign. They could easily replace them.

If all this differs in any way from strike-breaking, I cannot see it. Contract practice, as I said, is held to be by many as impossible of correction. Many believe it is an evolutionary matter, purely economical, and that it is the only solution of a difficult question. They argue that this is a machine age, and a machine knows neither freedom nor liberty. No less a person than Mussolini says both liberty and freedom are, in the last analysis, pernicious; that a republic is absurd and a democracy farcical and that they will not live because, in the main, people do not know how to accept them, being made to be led. Contract, group, community practice and state medicine all follow this principle in that they mean subservience of the several to a head or heads, who must necessarily assume some autocratic power. Of course, any doctor can quit at any time, but where will he go?

If, then, this idea of Mussolini is right—which is to say democracy is a failure—let us scrap all our ideals of the past, admit they are wrong, resign ourselves to the order of things and make the best of it. But if we do not agree with it, let us start a campaign of medical education with more force than any of the past attempts, assuring even the contract men that the next step the corporations will take is to shed their responsibility for medical care over on to the taxpayers and then, to be sure, we will have state medicine.

Some of our more celebrated colleagues who have reached places of safety at the head of something or other or who have amassed a fortune, usually by some route extraneous to medicine, shake their heads rather mournfully and say we are headed for state medicine. And, of course, we will be if we listen to them or follow their gloomy forebodings. If you believe literally that the meek shall inherit the earth, then the only consistent thing to do is to kneel down like the lamb to the slaughter. If you believe with Roosevelt that "Aggressive fighting for the Right is the noblest sport the world affords," there never will be state medicine.

CONSIDERATION OF HIGH COST OF MEDICAL CARE

Because we deal with people only in times of stress and trouble—in other words, while they are ill—our sympathies are appealed to and we have been tricked into many false positions. The giving away of our services was one of them. The analysis cannot here be given, but it can be shown that the responsibility for the care of the indigent is a responsibility of the remainder of humanity, and if we ever had any part in the matter, it is only our fractional part as a section of the population. But we have always had it all. By translating our services in the past into some heavenly abstract administrations, we steadily protested against the idea that medicine was a high-class scientific commodity to be sold as is law, engineering, education and every other human endeavor, and we made a mistake. We have had to reverse ourselves and come to that view anyway, and in doing so the public has been slow to understand us and we have been dubbed as "getting commercial." Our education was commercial. Our instruments and paraphernalia are commercial. All that we buy is commercial. Whatever we come in contact with is commercial. Why should we not long ago have come to the realization that we had "an opinion and its placing into practical application" to sell and act accordingly? The clergy have sold their "birth and death services" since time immemorial; no one thought the worse of them. It is true they will donate them at times, but there are exceptions where almost everything is found to be given away. Had we always charged for our services and had no systematized free services, no one would have ever heard of reducing the cost of medical care, for a way would have been found to have the poor's ministrations paid for by funds which would have also compensated the doctor.

The average cost of a bed in hospitals ranges from \$4 to \$6 a day. Those unable to pay at all make this rate as high as it is. Who is it responsible for the poor? Certainly not the doctors. The medical profession had nothing to do with their poverty. It is the economics and chaotic living conditions of the outside world. But you will find the doctor has to answer for them when ill as if he were responsible for them. They cannot obtain a livelihood, so are not sheltered, fed or clothed. They, therefore, through lack of resistance fall a prey to disease. No contractor gave them a house. No chain store gave them food. No mail-order house gave them clothing. No automobile dealer gave them an old car to obtain a little fresh air. No statesman worked out a solution for their maintenance with self-respect. No politician gave their plight a real thought. Mergers, combines, and chain stores threw some of them out of employment. It was too late to get anything else. Flotsam and jetsam. What will be done with them? Shoulder them on a hospital and let the doctors do what they can, but how? Free, of course. Up go hospital rates. Then critics dispose of us in sarcastic terms about the high cost of medical care. We think we have no part at all in the high cost of medical care. The outside world is responsible socially for the predicament of the poor. Particularly are the legislative bodies and the systems of commerce responsible. We need no elaborate figures or investigations or surveys to tell us that few doctors receive handsome incomes from their vocation. Outstanding surgeons possessed of great skill in some particular line may make big fees. The others do not, and there are men in the United States survey who know this even better than we do. Had we collected our accounts and had no promiscuous free service no one would have heard of the high cost of medical care. Our philanthropy was really the cause of our undoing.

(To be continued in March issue.)

SERIO-LIGHTER VEIN

"BITER BIT"

Close-up of a Doctor on—Not at—the Table

By WILLIAM H. BRADDOCK, M. D.

Jarbridge, Nevada

"Now, you'll feel this prick, and after that you'll feel nothing."

Uh-huh. I've used that formula myself, and always had a doubt of it, unless one was meticulous about keeping the needle within the infiltrated area. There, I thought so. Every single sting is perceptible. Poor technique, to tell—ah, misstatements, to the victim. He wonders—like me, right now—if the surgeon knows his business, after all.

That must be the knife—ouch! "Feel that, old man?" A dull jab, then the knife again; skin, superficial fascia, superficial layer of deep fascia—yes, the assistant is pulling something, retracting the muscle, doubtless. Quick work. It hasn't hurt particularly, so far, but it's kind of a general strain; hope he won't be long—would hate to have my nerve give way.

"Now, this may hurt a trifle."

"Go ahead. What is it?"

"Outer layer of the muscle fascia."

Humph! Hasn't begun yet. Why the hell is he so slow about it? Nerve's liable to wear out if he takes too long. Wish a fellow could watch this; could be worked, with a large mirror, and leaving the eyes uncovered. Still, one feels drowsy, and a little dissociated after that morph; just as well lie quiet, and suck that iced gauze that the nurse, or anesthetist, or whatever she is, wipes on the lips. Mighty refreshing. Ugh! That'll be the muscle sheath. Feel nothing more, huh? Wish he'd hurry—would hate to break down and snivel—'Tisn't the pain, exactly, for it doesn't hurt much; must be the suspense, and

the cold-bloodedness of it all, waiting for him to hurt you.

That's the real muscle retraction, no mistaking it. Deep layer and peritoneum next, but first, of course, he'll fiddle around, tying off and so forth. Ouch! That one hurt, whatever it was.

Funny how I'm feeling now. No particular pain, but every last fiber of me seems aware that something unusual and alarming is happening to me, and is more than a little worried about it—

"Do you know where I am now?"

"Nope, lost track altogether." He must be in the belly somewhere, but you can't prove it by me. There are no particular conscious sensations, except that they are working somewhere in my appendical area, but I'm tense all over. Not the muscles; they seem relaxed enough. It's a sort of general somatic anxiety, about something desperate and dangerous going on inside me; something like a building with all the burglar and fire alarms going full tilt, all through it, but the bells ringing silently. It's hard to explain; consciously, I know what is going on, in a general sort of way, and also I am aware that my unconsciousness, or subconsciousness, is full of feelings, which are probably unpleasant. Hope they don't burst through into my consciousness; would hate to have my nerve give out and disgrace me.

"Now just a moment. I want to see exactly how things lie in here."

Oh, damn his scientific soul! "Take your time; I'm all right." Try to be a good guinea-pig, since I must be one. Ugh, he must be pestivating around inside, dragging on things. No pain, but that general sensation of nervous discharges throughout the body is getting stronger and stronger; if it were electricity, I'd prickle all over.

Ow, that hurt! In the umbilicus. Felt exactly as if he were hauling on the falciform ligament, trying to drag my navel into the belly by its roots. But the falciform ligament goes to the liver somewhere doesn't it? There's some hurting in the general appendical region, too.

"Having an attack now?"

"Absolutely—and it hurts." An attack is just exactly what it is, and it would be eased a lot if I could only pass the gas.

"Well, I guess our diagnosis was right."

Oh, damn your diagnosis, and you too! Get along, man, and get done! My nerve is going to give out in a minute—

"If you'd just give me—a little—rest." Hell, if I can't talk straight, better shut up!

"Sure, we'll give you a rest."

Gosh, ain't it a grand and a glorious feeling! Just about here is where that fellow who tried to take out his own appendix must have had to quit. Have a notion I could have gotten down through the peritoneum, if I'd had to, but no further. Think of the technical difficulties of locating the thing, lying on your back like this; especially if it were buried somewhere. There they go again, hauling on the mesentery or something—it hurts! Don't believe anybody could haul on his own like that—hurts too much—leastways, I couldn't—it's hurting more and more, real sensible pain, and I don't believe I can stand much more—

"Ughrrh-rrh!" There, damn it, I knew my nerve would go! I'm feeling queer—sort of floating—things getting distant—this must be what shock feels like, a sort of refuge from too much pain. But my nerve isn't going to give out, thank God, for now I know that I know how to faint, if need be. They're still pulling on that mesentery, but not so hard, and it doesn't seem to be hurting so much; the purse-string, perhaps? Dick said he thought they had dropped the cautery into his belly, when they divided the appendix, and cauterized the stump; nothing like that, so far—though it wouldn't matter now—

Things seem to refocus themselves, rather suddenly. I don't believe I fainted, but I wasn't far from it; just began to, perhaps.

"Now I'm going to sew up the peritoneum. The anatomists say there are no pain nerves in it. How about that?"

"They—ugh—lie!" Let the damn fool laugh! Visceral, perhaps not, but parietal—ugh—it hurts! Unless he's fooling me about where he is?

"Now we'll take the superficial layer of the muscle sheath. It's supposed to have nerves."

It has, too. I feel every prick on both sides of the infiltrated area. If that area were wider—but, pshaw, a fellow can stand this easily. Ugh, that one hurt! "What was that?"

"The muscle-tie."

Good, he's nearly through. Skin next. Yes, every prick hurts; and then he has to fool with the skin edges—hope he gets 'em right; I was always fussy about 'em. Now the dressings—

"Say, would you mind letting me see the thing?" Someone brings around a little bottle; the thing is in it, but the eyes won't focus right, somehow; best slide back, and let the morph take hold now—it's rather like a dream, till we get back into bed, and relax into a doze—

"AS OTHERS SEE US"

CHESTER ROWELL'S COMMENT *

The Los Angeles *Times* takes Dr. Morris Fishbein, editor of the *Journal of the American Medical Association*, to task for "arrogant intolerance" in claiming a monopoly of "one limited school" of medicine, and for "branding all indiscriminately as quacks, faddists, fakers, and impostors who do not subscribe to his narrow views of what constitutes the practice of healing." "Medical diagnosis under the canons of the regular school is not such an exact science as to call for sneering reference to the substitution of the violet rays of the sun for the old-time allopathic drug doping in the treatment of tuberculosis."

* * *

Since there is not, and never was, any such thing as "old-time allopathic drug doping in the treatment of tuberculosis," and since Doctor Fishbein made no "sneering reference" to the use of sunlight in its treatment, but, on the contrary, uses that treatment himself, as do all other scientific physicians, the illustration is, to say the least, unfortunate.

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But the appeal for "tolerance," by one "school" of another, is an example of a common fallacy. There is no "tolerance" of astrology by astronomers. There is no "tolerance" of fortune-telling by psychologists, nor of perpetual motion inventors by physicists. Geologists do not locate oil or water by dowsing with a forked stick, nor "tolerate" those who do. Entomologists do not "tolerate" those who would exterminate insect pests by interfering with their spontaneous generation. Scientific agriculture does not "tolerate" the theory that potatoes grow wrong unless planted in the dark of the moon. All these "schools" exist, and they are all rejected outright as unscientific superstitions by every scientist in the world.

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On the other hand, good Catholics tolerate the Holy Rollers, and Buddhists tolerate the Mormons. Atheists tolerate the faith of Christians and Christians the unfaith of atheists. Protestants and Christian Scientists tolerate each other's religion, each respecting the right of the other to seek God in his own way. But the law of the land did not tolerate polygamy, when the Mormons said it was religion, and the regents of the University of California do not permit

* This article appeared in the opening column of the second section of the San Francisco Chronicle of Saturday, January 18, 1930. See second editorial, this issue.